



City of Dover, New Hampshire
City Clerk
APPLICATION FOR VITAL RECORDS CERTIFICATE

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. IF NO PICTURE ID IS AVAILABLE, PLEASE CONTACT OUR OFFICE AT (603) 516-6001.

Birth Number of Copies _____ (First copy issued at \$12.00; each addition copy, \$8.00)

Name of Child _____ Date of Birth _____

Name of Father/Parent _____

Maiden Name of Mother/Parent _____

Death Number of Copies _____ (First copy issued at \$12.00; each addition copy, \$8.00)

Name of Deceased _____ Date of Death _____

Short form **without** manner of death _____ Issued **with** manner of death _____ Long form issued **with** manner of death _____

Marriage Number of Copies _____ (First copy issued at \$12.00; each addition copy, \$8.00)

Name of Person A _____ Date of Marriage _____

Name of Person B _____ Place Marriage Took Place _____

Divorce Number of Copies _____ (First copy issued at \$12.00; each addition copy, \$8.00)

Name of Person A _____ Date of Decree _____

Name of Person B _____ Place of Decree (Court) _____

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.

PLEASE MAKE CHECKS PAYABLE TO: CITY OF DOVER

REQUESTER'S INFORMATION

Applicant's Name: _____
(First Name) (Middle Name) (Last Name)

Applicant's Address: _____
(Street) (City/Town) (State) (Zip Code)

Applicant's Phone No.: _____ Email: _____
(Area Code & Number)

Reason for Certificate Request: _____

Applicant's Signature: _____ Relationship to Registrant: _____
(Signature is required.)

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)